#### PROPOSAL FOR ANALYSIS OF UDC DATA

Before beginning, please note:

- The UDC data set contains persons of both genders and all ages; persons with hemophilia and von Willebrand disease, as well as some with other clotting factor deficiencies. Please be specific when stating your population of interest.
- Please review the data collection forms to make sure your proposed data elements exist, and that the data collected are appropriate to your analysis. Copies of the data forms can be requested from Meredith Oakley at moakley@cdc.gov or (404) 498-6729.
- Complete all items on this proposal.

_	Data
•	Date

- Title
- Initiating Investigator

Name:

Institution:

Address:

Phone #:

Fax #:

E-Mail Address:

- Co-Investigators and Collaborations
- Identified member.

Is the initiating investigator an identified member of an HTC UDC project and listed with the IRB monitoring the UDC project? Yes/No

If Not, this initiating investigator must sign and return Prevention of Bleeding Disorder Complications through Regional Hemophilia Treatment Centers/UDC Confidentiality and Data Use Agreement, Appendix E , prior to receipt of data. The initiating investigator will be bound by the agreement.

•	I understand that a working group will be assigned to assist me in the development of
	this concept. I agree to work with this group including participating on conference calls
	about my project and providing regular updates about the progress.
	Signature:

- Proposed Audience/Journal
- **Background and Rationale** (Include any preliminary data)
- Specific Aims of the Study

# Study Plan

- 1. Hypothesis
- 2. Overall design (i.e., cohort study, case-control, if known)
- 3. Study population (inclusion/exclusion criteria)
- 4. Study outcomes or end points
- 5. Study variables
- 6. Statistical considerations (sample size, power calculations, special analyses) and analysis plan (table shells, model equations, test statistics)
- 7. Staged timeline for completion of project

## • Data Requirements

1. UDC data elements that will be used, including the form on which they are collected, the item number, and the text of the question. **Example:** 

Form Name	Item #	Text of Question	
Annual Visit	10	Highest inhibitor titer since and including the last annual visit	
Annual Visit	14	Home infusion	

- 2. For variables which must be calculated or transformed (ex. BMI, age, decrease in range of motion), explain how they will be calculated or transformed.
- 3. Additional data not in UDC that will be required.
- 4. If additional data are needed, how do you propose to obtain it?

## • Data presentation

Include a format such as a table or figure that demonstrates how you anticipate the final data will be presented. For example if you wish to compare the annual number of joint bleeds and soft tissue hematomas in babies with hemophilia A broken down by severity your table might look like the following:

	Median # joint bleeds/yr	Median # soft tissue
		hematomas/yr
Severe hemophilia A		
Moderate hemophilia A		
Mild hemophilia A		

(This is only an example. Depending upon your analysis, your data presentation may be quite different.)

#### • Resources

- 1. What components can the investigator accomplish (i.e., data collection, analysis)?
- 2. What components would require assistance from CDC?
- 3. Will funding be available to the investigator for work on this study (e.g., K12 Career Development Award, grant)?

Please address any questions and submit proposals via email to the contact listed below. You will receive acknowledgment of your submission within one week.